

Healthy Mothers Healthy Babies



For more information about CDC's reproductive health program,
visit www.cdc.gov/nccdphp/drh/index.htm

Massachusetts

ART Linkage Project

Public Health Problem

There are few opportunities to understand the influence of assisted reproductive technology (ART) on short-term maternal and infant health outcomes. In Massachusetts, the percentage of infants born using ART is expected to rise as new policies regarding coverage of infertility/ART treatment services are expanded.

Research indicates that linking vital records data with other health events can yield information to support public policy decisions regarding the scope and nature of clinical health services.

Taking Action

In 2001, CDC developed a collaborative project with the Massachusetts Department of Public Health to link the existing ART surveillance data for infants born to Massachusetts resident women who attended ART clinics in Massachusetts and Rhode Island. Data were obtained from state's birth and death certificate files. This project includes infants born to Massachusetts' resident mothers in 1997, 1998, 1999, and 2000.

Approximately 80,000 babies are born in Massachusetts every year. The 1997/1998 linked ART and birth/death data set, for example, consists of approximately 160,000 infants born in Massachusetts to Massachusetts resident mothers, of which approximately 2 to 3 percent are the result of ART.

The analysis of data yields information that can help CDC and the state assess trends in the number of infants conceived with ART, the potential adverse health risks associated with ART in Massachusetts, and the impact of ART on adverse maternal and child health outcomes.

Implications and Impact

Linkage of the ART surveillance data with Massachusetts linked birth and death certificate data will provide detailed information on short-term maternal and infant health outcomes. It is an example of how state public health programs, local clinicians/specialists, and CDC can partner to provide a model program to better understand a practice that may be widely adopted in the United States.

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Enhanced Pregnancy Risk Assessment Monitoring System (PRAMS) Project

Public Health Problem

Understanding women's lives before, during, and after pregnancy is essential to developing programs, services, and public policy needed to reduce the burden of mortality and morbidity among women and their infants.

Taking Action

The Pregnancy Risk Assessment Monitoring System (PRAMS) has been very successful in achieving its objectives to collect state population-based data of high scientific quality on topics relating to pregnancy and early infancy. Colorado's success in using state-level data generated demand for an enhanced system that includes 1) local level PRAMS data on subpopulations and 2) the state's desire to be a site for testing enhanced linkages between PRAMS and other data sources used by public health planners and providers.

In 2001, PRAMS funding was expanded to enhance existing surveillance efforts to reach special population groups, to test new data collection or analytic methodologies related to pregnancy or infant health, and to gather additional information on specific topics from women or others. Colorado was chosen from among twelve states to develop enhanced program and survey activities.

Currently, Colorado is working to develop more complex PRAMS data survey and analysis services to meet the needs of local health departments. For example, Colorado is conducting a special survey of African American women in six local health department areas. In addition, Colorado linked Medicaid claims database with birth certificate records and added PRAMS data to the health departments' web-based query system, Colorado Health Information Dataset (CoHID), <http://www.cdphe.state.co.us/cohid>. The CoHID system allows any individual to request specific health-related statistics from a variety of health department databases. The PRAMS module currently averages 370 queries per quarter. CoHID is also used to help public health professionals understand the use of data for planning public health programs.

Colorado is now working with Wyoming to develop a similar program. This will help provide Wyoming the data for the first time on many indicators of maternal and child health.

Implications and Impact

Colorado's model program provides examples for other CDC and state-based systems to collect and link information on women and infants. It also develops a model that others can use to complement PRAMS data services by involving local health departments, non-traditional partners in research/surveillance, and data users.

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